

**DEPARTMENT OF LABOR AND INDUSTRY
CHAPTER 156
MONTANA STATE BOARD OF MEDICAL EXAMINERS**

Sub-Chapter 27 Emergency Medical Technicians

24.156.2701 DEFINITIONS For purposes of the rules set forth in this sub-chapter, the following definitions apply:

- (1) "Advanced life support" or "ALS" means any provider that functions at any endorsement level above EMT-B.
- (2) "Approved course" means a course of instruction that meets the specifications and requirements for a particular level or endorsement for EMT training approved by the board or its designee.
- (3) "Approved program" means a multiple of approved courses offered by an entity and approved by the board or its designee.
- (4) "Basic life support" or "BLS" means any provider that functions at the endorsement level of:
 - (a) EMT-F;
 - (b) EMT-F with any endorsements; or
 - (c) EMT-B without any endorsements.
- (5) "Board" means the board of medical examiners, department of labor and industry.
- (6) "Clinical experience" means supervised instruction and practice in a patient care setting.
- (7) "Clinical preceptor" means an individual trained to a level greater than the student, who is responsible for supervising and teaching the student in a clinical setting under the supervision of the service medical director.
- (8) "Curriculum" means the combination of instructor lesson plans, course guides and student study guides prepared by the United States Department of Transportation (USDOT) and commonly known as the "1999 curriculum".
- (9) "Emergency medical service" or "EMS" means pre-hospital care and transportation furnished by a combination of persons licensed by the board and resources that are licensed by the department of public health and human services pursuant to Title 50, chapter 6, MCA.
- (10) "Emergency medical technician" or "EMT" means any pre-hospital emergency care personnel licensed by the board.
- (11) "Emergency medical technician - basic" or "EMT-B" means an individual who has successfully completed an approved EMT-B course and is licensed by the board as an EMT-B.
- (12) "Emergency medical technician - first responder" or "EMT-F" means an individual who has successfully completed an approved EMT-F course and is licensed by the board as an EMT-F.
- (13) "Emergency medical technician - intermediate" or "EMT-I" means an individual who has

successfully completed an approved EMT-I course and is licensed by the board as an EMT-I.

(14) "Emergency medical technician - paramedic" or "EMT-P" means an individual who has successfully completed an approved EMT-paramedic course and is licensed by the board as an EMT-P.

(15) "Lead instructor" means a person who is licensed by the board and authorized to offer and conduct EMT courses. The lead instructor is under the supervision of the service medical director.

(16) "NPDB" means the national practitioner databank established by Public Law 99-660 (42 U.S.C. 11101, et seq.).

(17) "NREMT" means the national registry of emergency medical technicians, an independent, not-for-profit, non-governmental certification agency based in Columbus, Ohio.

(18) "On-line medical direction" means real-time interactive medical direction, advice or orders to EMTs providing patient care.

(19) "On-line medical director" is the individual who provides on-line medical direction and who is supervised by the service medical director.

(20) "Service medical director" means an unrestricted Montana licensed physician or physician assistant-certified who is responsible professionally and legally for overall medical care provided by a licensed EMT service and/or for the training provided in an approved program/course, including all EMTs on the service or in training.

(21) "Statewide protocols" means a written, standardized manner of administering patient care statewide, approved by the board.

24.156.2705 UNPROFESSIONAL CONDUCT

(1) In addition to those forms of unprofessional conduct defined in 37-1-316, MCA, the following are considered unprofessional conduct for a licensee or license applicant under Title 50, chapter 6, part 2, MCA:

- (a) conviction, including conviction following a plea of nolo contendere, of an offense involving moral turpitude, whether a misdemeanor or felony, and whether or not an appeal is pending;
- (b) conduct likely to deceive, defraud or harm the public, including but not limited to practicing while subject to a physical or mental condition which renders the licensee unable to safely engage in activities required of a licensee under this sub-chapter;
- (c) acting in such a manner as to present a danger to public health or safety, or to any patient including, but not limited to, incompetence, negligence or malpractice;
- (d) making a false or misleading statement regarding the licensee's skill in connection with the activities required of a licensee under this sub-chapter;
- (e) use of a false, fraudulent or deceptive statement, whether written or verbal, in connection with the activities required of a licensee under this sub-chapter;
- (f) having been subject to disciplinary action of another state or jurisdiction against a license or other authorization, based upon acts or conduct by the licensee similar to

acts or conduct that would constitute grounds for disciplinary action under Title 37, chapter 1, MCA, or rules under this sub-chapter. A report from the NPDB or a certified copy of the record of the action taken by the other state or jurisdiction is evidence of unprofessional conduct;

- (g) having voluntarily relinquished or surrendered a professional or occupational license, certificate or registration in this state, or in another state or jurisdiction;
- (h) having withdrawn an application for licensure, certification or registration, while under investigation or prior to a determination of the completed application in this state, or in another state or jurisdiction;
- (i) failure to practice within the scope of practice of the EMT level and endorsements;
- (j) failure to practice within adopted statewide and/or local protocols established and approved by the board and service medical director;
- (k) failing to maintain continuous NREMT registration while licensed as an EMT in the state of Montana;
- (l) willful disobedience of the provisions Title 37, chapter 1, MCA, any rule adopted by the board, or any order of the board regarding enforcement of discipline of a licensee;
- (m) habitual intemperance or excessive use of an addictive drug, alcohol or any other substance to the extent that the use impairs the user physically or mentally; this provision does not apply to a licensee who is in compliance with an approved therapeutic regimen as described in 37-3-203, MCA;
- (n) failing to furnish to the board or its designee information requested by the board or a response to an inquiry;
- (o) failing to cooperate with a lawful investigation conducted by the board;
- (p) failing to comply with any statute or rule under the board of medical examiner's jurisdiction;
- (q) filing a complaint with, or providing information to, the board which the licensee knows, or ought to know, is false or misleading. This provision does not apply to any filing of complaint or providing information to the board when done in good faith under 37-1-308, MCA;
- (r) failing to report to the board any adverse judgment or award arising from a medical liability claim or other unprofessional conduct;
- (s) commission of any act of sexual abuse, misconduct or exploitation by the licensee whether or not related to the practice;
- (t) failing to exercise technical competence in carrying out EMT care; (u) testifying in a legal proceeding on a contingency fee basis;
- (v) falsifying and altering patient records or trip reports, intentionally documenting patient records or trip reports incorrectly, failing to document patient records or prepare trip reports;
- (w) diversion of a medication for any purpose or a violation of state or federal laws governing the administration of medications;
- (x) failing, as a clinical preceptor or lead instructor, to supervise, manage, or train students practicing under the licensee's supervision, according to scope of practice, generally accepted standards of patient care, board-approved USDOT curriculum, including revisions and board-approved statewide protocols;
- (y) willfully harassing, abusing or intimidating a patient, either physically or verbally;
- (z) practicing as an EMT at any level without a current, active Montana license at that level;
- (aa) failing to comply with any agreement the licensee has entered into with a program

- established by the board under 37-3-203(4), MCA; and
- (ab) any other act, whether specifically enumerated or not that in fact constitutes unprofessional conduct.

24.156.2711 EMT-LICENSURE QUALIFICATIONS

- (1) The board shall license an applicant as an EMT at the appropriate level, if the applicant:
 - (a) successfully completes a board approved EMT course of instruction;
 - (b) possesses current NREMT registration for the appropriate level of licensure or higher, except for EMT-Fs who have maintained continuous licensure prior to January 1, 2004;
 - (c) provides all the information necessary to establish eligibility for licensure according to the licensure requirements as specified by the board or its designee;
 - (d) possesses a high school diploma or equivalency; and (e) is 18 years of age or older.

24.156.2713 EMT LICENSE APPLICATION

- (1) An applicant for an EMT license, at any level, shall submit an application on a form prescribed by the board. The application must be complete and accompanied by the appropriate fees and the following documentation:
 - (a) applicant's verification of course completion for the appropriate level and/or endorsement levels for which the applicant is applying;
 - (b) proof the applicant possesses a high school diploma or its equivalent;
 - (c) a copy of the applicant's birth certificate or other verifiable evidence of the applicant's date of birth, such as a driver's license;
 - (d) a current NREMT registration card equal to or greater than the level for which the applicant is applying; and
 - (e) an original NPDB self-query.
- (2) Incomplete applications will be returned. The applicant may correct any deficiencies, complete any requirements necessary for licensure and re-submit the application to the board office. Failure to re-submit the deficient application within one year from the date of the original submission will be treated as a voluntary withdrawal of the application and all fees will be forfeited.
- (3) The applicant may voluntarily withdraw the application prior to the one-year deadline set forth in (2) by submitting a withdrawal in writing to the board. All application fees submitted will be forfeited.
- (4) After withdrawal of an application, the applicant will be required to submit a new application, including supporting documentation and appropriate fees to begin the licensing and verification process.
- (5) Completed applications will be reviewed by the board or its designee, which may request such additional information or clarification of information provided in the application as it deems reasonably necessary.

24.156.2715 OUT-OF-STATE EMT APPLICANT

- (1) Out-of-state applicants who qualify under substantially equivalent education and examination requirements as set forth in this chapter and who possess a currently active EMT license or certification to practice in good standing in another state, may apply for an EMT license by reciprocity, at the same or lesser level, without examination.
- (2) A qualified out-of-state licensed applicant requesting EMT licensure in Montana shall complete a reciprocity application on a form prescribed by the board and submit the application with the required supporting documentation and appropriate fees to the board.
- (3) Out-of-state applicants licensed in other states shall cause all states and jurisdictions in which the applicant holds or has ever held a license to submit verification of licensure directly to the board on behalf of the applicant.
- (4) Out-of-state applicants shall obtain a NPDB self-query and submit the self-query with the application to the board.
- (5) If the applicant has possessed a professional or occupational license in another healthcare field, the applicant shall disclose the information to the board in the application for licensure.
- (6) For the purposes of 37-1-304, MCA, the board defines "substantially equivalent" as approved training in accordance with board-approved USDOT curriculum standards, including revisions, and passage of the NREMT written and practical examination or, in the opinion of the board, completed training, experience and passage of an examination equivalent to current board standards. Work experience obtained in the profession will not be considered as the sole basis of the applicant's qualifications.

24.156.2717 EMT LICENSE RENEWAL

- (1) EMT licenses are issued on a biennial renewal cycle. EMT licenses expire on March 31 of the last year of the two-year cycle.
- (2) Except as provided in (3), in order to renew an EMT license, the licensee must:
 - (a) submit a license renewal application on a form or through electronic means prescribed and supplied by the board;
 - (b) submit current NREMT registration at the level equal to or greater than the licensed level; and (c) submit payment of the renewal fee set in ARM 24.156.2731.
- (3) An individual licensed prior to January 1, 2004, as a first responder or first responder ambulance, and wishing to renew the license as an EMT-F, may either:
 - (a) become NREMT registered; or
 - (b) complete a 16-hour board-approved USDOT curriculum refresher course each renewal period. The licensee shall provide verification of completion to the board upon request.
- (4) The board will not renew first responder or first responder ambulance licenses on or after December 31, 2006. Renewal licenses issued after that date will be issued as EMT-F licenses.
- (5) Incomplete renewal applications will be returned to the licensee and will not be considered received by the board.
- (6) For the EMT license renewal cycle following July 1, 2005, if the completed renewal

application is postmarked after March 31 of the renewal year, the licensee will be assessed a late renewal fee in addition to the license renewal fee set in ARM 24.156.2731.

(7) Waivers of the late fee are at the discretion of the board.

24.156.2719 LAPSED LICENSE

(1) A lapsed EMT license may be renewed upon completion of a lapsed license renewal application. To renew a lapsed license the applicant shall:

- (a) complete a lapsed license renewal application and submit it to the board;
- (b) pay the license fee plus late renewal fee for each year the license has lapsed up to three years;
- (c) submit a current NPDB self-query; and (d) submit a current NREMT certification.

(2) Pursuant to 37-1-141, MCA, a professional or occupational license that has not been renewed within three years of the most recent renewal date automatically terminates.

(3) A lapsed license that has terminated may not be reinstated. A person whose license has lapsed shall re-apply for licensure and complete a new application pursuant to ARM 24.156.2713.

24.156.2731 FEES

(1) The following fees must be paid in connection with EMT licensure:

- (a) EMT-F application fee \$20.00
- (b) EMT-B application fee 30.00
- (c) EMT-I application fee 40.00
- (d) EMT-P application fee 60.00
- (e) license endorsement fee 10.00
- (f) EMT-F biennial renewal fee 20.00
- (g) EMT-B biennial renewal fee 30.00
- (h) EMT-I biennial renewal fee 40.00
- (i) EMT-P biennial renewal fee 60.00
- (j) verification of licensure fee 20.00
- (k) program approval 50.00
- (l) course approval 15.00

(2) All fees provided for in this rule are non-refundable and are not prorated for portions of the licensing period.

24.156.2741 EMT TRAINING PROGRAM/COURSE APPLICATION AND APPROVAL

(1) An individual, corporation, partnership or any other organization may not initiate or conduct any initial and/or refresher courses for EMT instruction without prior approval of the board or its designee.

(2) Program or course approval applications must be submitted on a form prescribed by the board with appropriate fees. The application must designate the service medical director and lead instructor.

(3) Completed applications will be reviewed for compliance with board statutes, rules, board-approved USDOT curriculum, including revisions and statewide protocols. The board or

its designee may request such additional information or clarification of information provided in the application as it deems reasonably necessary.

(4) Incomplete applications will be returned. The service medical director and/or lead instructor may correct any deficiencies, complete any requirements necessary for course approval at the level applied for and re-submit the application to the board. Failure to re-submit the application within one year will be treated as a voluntary withdrawal of the application and all fees will be forfeited.

(5) The service medical director and/or lead instructor may voluntarily withdraw the course approval application prior to the one-year deadline provided in (4), by writing to the board. All fees submitted will be forfeited.

(6) After withdrawal of an application, a new program or course approval application may be submitted including all supporting documentation and appropriate fees to begin the course approval process.

(7) The board or its designee shall approve EMT training courses that comply with current board-approved USDOT curriculum, including revisions, board-approved statewide protocols, policies and procedures.

- (a) Program approvals of multiple courses offered by a single provider may be approved for up to one year without re-application and approval.
- (b) Single courses must be approved on an individual basis.

(8) The board shall not approve an EMT training course which does not comply with current board-approved USDOT curriculum, including revisions, board-approved statewide protocols, policies and procedures.

- (a) The board shall provide in writing the reason for course denial to the course applicant.
- (b) The board may cancel approval of training courses for failure to comply with any of the requirements of this chapter, providing false information, or failure to provide the board or its designee access to the course and/or other information necessary to assure compliance with board statutes and rules.

(9) In the event the board's designee disapproves an EMT training course, the application will be considered by the board during the next regularly scheduled board meeting or the lead instructor and/or service medical director may request in writing an alternate regularly scheduled board meeting.

24.156.2745 EXAMINATIONS

(1) Effective January 1, 2004, examinations for endorsements conducted on behalf of the board must be conducted in accordance with the policies and procedures established by the board.

(2) An EMS medical director shall be responsible for the conduct of all locally administered examinations and shall assure that all board policies and procedures are followed. EMS medical directors may delegate duties where appropriate, except in the case of first responder and basic EMT levels. The EMS medical director may not delegate the administration of the NREMT written examination for the EMT-F or EMT-B levels.

(3) Examination materials must be requested from the board by the EMS medical director on

forms prescribed by the board 30 days prior to offering an examination. Examination materials will be sent to the medical director from the board office within seven working days of the request. EMS medical directors shall return the completed examination material within seven working days after the examination has been given.

(4) When conducting NREMT EMT-I and EMT-P examinations, the board shall designate the national registry representative. The EMS medical director shall request a NREMT representative on a form prescribed by the board not less than 90 days prior to the EMT-I or EMT-P examinations.

24.156.2751 LEVELS OF EMT LICENSURE INCLUDING ENDORSEMENTS

(1) The board issues four levels of licenses for EMTs. Each level has endorsements that may be added to an EMT license. Endorsements do not have to be acquired in the order listed below and may consist of one or more combinations within each EMT level. The levels of licensure and endorsements are as follows:

- (a) For EMT - first responder (EMT-F) licenses:
 - (i) EMT-F/immobilization (EMT-F 1);
 - (ii) EMT-F/monitoring (EMT-F 2); and
 - (iii) EMT-F/ambulance (EMT-F 3).
- (b) For EMT - basic (EMT-B) licenses:
 - (i) EMT-B/airway (EMT-B 1);
 - (ii) EMT-B/monitoring (EMT-B 2);
 - (iii) EMT-B/IV and IO (intravenous infusion and intraosseous infusion) initiation (EMT-B 3);
 - (iv) EMT-B/IV and IO maintenance (EMT-B 4);
 - (v) EMT-B/endotracheal intubation, for patients more than eight years old (EMT-B 5); and
 - (vi) EMT-B/medication (EMT-B 6).
- (c) For EMT - intermediate (EMT-I) licenses:
 - (i) EMT-I/needle decompression/surgical airway (EMT-I 1);
 - (ii) EMT-I/immunizations (EMT-I 2);
 - (iii) EMT-I/drips and pumps (EMT-I 3); and
 - (iv) EMT-I/12 lead transmit (EMT-I 4).
- (d) For EMT - paramedic (EMT-P) licenses:
 - (i) EMT-P/12 lead interpretation (EMT-P 1);
 - (ii) EMT-P/medications (EMT-P 2);
 - (iii) EMT-P/fibrinolytic with 12 lead interpretation (EMT-P 3); and
 - (iv) EMT-P/critical care transport (EMT-P 4).

24.156.2754 INITIAL EMT COURSE REQUIREMENTS

(1) An EMT-F course shall be managed by a lead instructor. The lead instructor shall maintain overall responsibility for the quality, consistency and management of the course. The lead instructor shall:

- (a) conduct the EMT-F courses in accordance with current board-approved USDOT curriculum, including revisions and statewide protocols, policies and procedures;
- (b) document student skill proficiency on forms prescribed and supplied by the board;

- (c) complete the course within six months of the date the course commences; and
- (d) provide at least one instructor per six students when practical skills are taught.

(2) An EMT-B course shall be managed by a lead instructor. The lead instructor shall maintain overall responsibility for the quality, consistency and management of the course. The lead instructor shall:

- (a) conduct the EMT-B courses in accordance with current board-approved USDOT curriculum, including revisions, and statewide protocols, policies and procedures;
- (b) document student skill proficiency on forms prescribed and supplied by the board;
- (c) complete the course within 12 months of the date the course commences;
- (d) provide at least one instructor per six students when practical skills are taught; and
- (e) provide a minimum of 10 hours of clinical experience with an EMS or in a local hospital emergency room.

(3) An EMT-I or EMT-P course shall be managed by a lead instructor under the supervision of a service medical director. The lead instructor and service medical director shall maintain overall responsibility for the quality, consistency and management of the course. The lead instructor shall:

- (a) conduct the EMT-I and EMT-P courses in accordance with current board-approved USDOT curriculum, including revisions and statewide protocols, policies and procedures;
- (b) document student skill proficiency on forms prescribed and supplied by the board;
- (c) provide clinical experience as specified in the approved curriculum and in accordance with this chapter; and
- (d) provide that the course is completed as follows:
 - (i) the EMT-I course, within 18 months from the starting date of course; and
 - (ii) the EMT-P course, within 24 months from the starting date of course;
- (e) provide clinical experiences with no fewer than one clinical preceptor for every two students;
- (f) provide a sufficient patient volume to allow students to complete all clinical experiences within the course dates;
- (g) provide EMT-I course clinical facilities that include but are not limited to:
 - (i) an emergency department with physician staffing;
 - (ii) intensive care beds or coronary care beds; and
 - (iii) an EMS licensed at or above the EMT advanced level; and
- (h) provide for the EMT-P course clinical facilities that include, but are not limited to:
 - (i) an emergency department with physician staffing;
 - (ii) intensive care beds or coronary care beds;
 - (iii) operating/recovery room;
 - (iv) pediatric beds;
 - (v) labor/delivery room/newborn nursery;
 - (vi) psychiatric beds;
 - (vii) morgue;
 - (viii) radiology department;
 - (ix) respiratory therapy department; and
 - (x) an EMS licensed at or above the EMT advanced level.

24.156.2757 EMT CLINICAL REQUIREMENTS

(1) EMT-B programs must assure that the student completes, as a minimum, 10 hours of observational time with an EMS, or in an emergency room if an EMS is not readily available. During this time the student shall:

- (a) have at least two patient contacts during which the student can observe patient care; and
- (b) have at least two patient contacts in which the student conducts a patient assessment.

(2) EMT-I and EMT-P programs must assure that the student completes, as a minimum, the clinical contact requirements identified in the board-approved USDOT curriculum, including revisions.

24.156.2761 PROCEDURES FOR REVISION OF BOARD-APPROVED EMT CURRICULUM AND STATEWIDE PROTOCOLS

(1) At the regularly scheduled January and July board meetings or no less than twice per year, an individual, EMS or any other organization may initiate a petition for revisions to the board-approved EMT curriculum and/or statewide protocols.

(2) The petition must be submitted on a form prescribed by the board with the following supporting documentation:

- (a) a written recommendation and/or position statement for revision to the board-approved curriculum and/or statewide protocols; and
- (b) literature supporting the petitioner's recommendations and/or position.

(3) Upon receiving the petition application, the board will proceed in three phases, as follows:

- (a) the board will consider the petitioner's initial petition to determine whether or not to proceed with public comment for the proposed revision. If approved, the board will schedule public comment for the petition during the next regularly scheduled board meeting;
- (b) the board will accept public comment to gather information and take testimony regarding the proposed recommendations for revision of the USDOT curriculum and/or statewide protocols; and
- (c) the board will consider the information and comments and approve or deny the proposed revision.

(4) The board shall approve the proposed revision:

- (a) when it is demonstrated to the satisfaction of the board that granting the petitioner's request for revision of the board-approved curriculum and/or statewide protocols is necessary to provide appropriate standards of medical care;
- (b) where, in the case of an individual service approval, the board finds that the public's interest in granting the revision clearly outweighs the interest of maintaining uniform board-approved USDOT curriculum, including revisions and/or statewide protocols; and
- (c) where, in the opinion of the board, the revisions will provide adequate public health, safety and welfare protection.

24.156.2771 SCOPE OF PRACTICE

(1) An EMT licensed or endorsed beyond the EMT-B level may perform any acts allowed within the EMT's licensure level or endorsement level when:

- (a) under the direct observation of an EMS medical director who is taking responsibility for the EMT; or
- (b) operating under a Montana licensed EMS service, licensed at or above the level of

- the individual and functioning under the formal, written board-approved standing orders or protocols; or
- (c) participating in a continuing education program.

(2) An EMT may perform beyond the level of the EMT's individual licensure when functioning as a student in an approved course and under the direct observation of a clinical preceptor. The EMT must perform within the acts allowed at the level for which the EMT is a student candidate.

(3) Except as provided in (2), an EMT may not perform any acts that are beyond the EMT's level of licensure or endorsement.

(4) An EMT currently licensed and in good standing in another state may function during a state and/or federally managed incident under the basic life support protocols adopted by the board, but shall:

- (a) limit the EMT's practice to the duration of the state and/or federally managed incident;
- (b) practice within the geographic area, whether on federal, state or private land, designated as being within the state and/or federally managed incident;
- (c) practice at the basic level, even if the EMT is licensed at a higher level in another state; and
- (d) provide proof of current licensure and good standing in another state.

(5) In the event of a bio-terrorism attack in which chemical agents are used or suspected as being used, EMTs at all levels who are appropriately trained are authorized by the board to carry auto-injectors and administer them as instructed to themselves and any others.

24.156.2775 MANAGEMENT OF INFECTIOUS WASTES

(1) Each EMT licensed by the board shall store, transport off the premises, and dispose of infectious wastes, as defined in 75-10-1003, MCA, in accordance with the requirements set forth in 75-10-1005, MCA.

(2) Used sharps shall be properly packaged and labeled within the meaning of 75-10-1005, MCA, as required by the occupational safety and health administration (OSHA). If OSHA has no such requirements, the EMT shall place used sharps in a heavy, leak proof, puncture-resistant container and secure the lid with reinforced strapping tape. The container shall bear the words "used medical sharps" on a distinctive label taped or securely glued on the container.